



STATE OF WISCONSIN \ DEPARTMENT OF MILITARY AFFAIRS
WISCONSIN EMERGENCY MANAGEMENT

2400 WRIGHT STREET
P.O. BOX 7865
MADISON, WI 53707-7865
24-Hour Emergency Hotline:
1-800-943-0003
<http://emergencymanagement.wi.gov/>

DATE: December 5, 2009
TO: County Emergency Management Directors
FROM: Jerry Haberl, State Training Supervisor
SUBJECT: **Course Recruitment: EVACUATION PLANNING AND RE-ENTRY – (G358)**

The Wisconsin Division of Emergency Management is sponsoring the course entitled: **Evacuation Planning and Re-Entry – (G358)** on **FEBRUARY 8-9, 2010** at the **REACT Center at Volk Field**. The course will begin at **8:00 a.m.** on Monday, February 8th, and conclude at approximately **4:30 p.m.** on Tuesday, February 9, 2010. Dress is casual.

The goal of this course is to provide the participants with knowledge and skills needed to design and implement an evacuation and Re-Entry Plan for their respective jurisdictions. The target training audience includes persons responsible for planning, implementing and carrying out evacuations. This includes but is not limited to local and State government emergency program managers, emergency planners, and response personnel. Ideally, local jurisdictions will send all members of the planning team responsible for evacuation and re-entry planning.

If you travel more than **50 miles** or more, one way, and do not wish to commute, **we will make reservations** for you at Volk Field. Wisconsin Emergency Management will pay for **lodging costs (for those traveling 50 miles way)** and provide both breakfast and lunch meals for **all** participants; however, the cost of travel, the evening meal, and any other incidental expenses associated with your stay are a local responsibility. Additional administrative information will be provided in letters of confirmation to be sent when the course rosters are finalized.

Please have prospective participants complete the attached registration form, and return the form to your Regional Office no later than **JANUARY 8, 2010.**

Thank you for helping us to bring emergency management training to your community. If you have questions, or need further information, please call your Regional Director or Sheryll Smith at (608) 242-3306.

Encl: Registration Form

cc: WEM Management Staff
Regional Offices
Peter Jensen

REGISTRATION INFORMATION

EVACUATION PLANNING AND RE-ENTRY – (G358)

FEBRUARY 8-9, 2010

REACT CENTER, VOLK FIELD

Please complete the information below and send it to your County Director before *January 7, 2010*. County Directors must submit this registration to their Regional office no later than *January 8, 2010*. Due to the demand for emergency management training, we recommend that you submit your applications as soon as possible. (*Reproduce this sheet locally for additional people.*)

(print clearly)

NAME _____ MIDDLE
"NAME" _____ SIGNATURE _____
(MUST BE PROVIDED TO REGISTER)

TITLE _____

LAST 4-DIGITS OF SOCIAL SECURITY # _____
(MUST BE PROVIDED TO REGISTER)

HOME ADDRESS _____

CITY _____ ZIP _____ COUNTY _____

WORK PHONE # _____ FAX # _____

E-MAIL _____ DATE OF BIRTH _____

DRIVER'S LICENSE # _____ STATE _____
(MUST BE PROVIDED)

State Privacy Provision

Authorization: Wisc Stats 166.03 and E.O. 9397.

Disclosure: Disclosure of personal information is voluntary; however, nondisclosure may result in delay in processing your application. Secondary Purpose: In accordance with Wisconsin Privacy Provision 15.04(m) Wisc Stats, the personal information you provide may be used for purposes other than for which it was collected

LODGING INFORMATION

_____ I live more than 50 miles away and don't need a room.

_____ I live over 50 miles away; please reserve a room for the following nights:

(Please circle the appropriate nights)

SUNDAY, FEBRUARY 7, 2010

MONDAY, FEBRUARY 8, 2010

SIGNATURE OF COUNTY EM DIRECTOR/DATE OF RECEIPT: _____

SIGNATURE OF REGIONAL DIRECTOR/DATE OF RECEIPT: _____